

**Workforce Issues Related to:
Bi-Directional Physical and Behavioral Healthcare
Integration**
Specifically Substance Use Disorders and Primary Care

A Framework of Issue Briefs

ISSUE BRIEF #1

Executive Summary

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EXECUTIVE SUMMARY

The integration of substance abuse treatment into primary care and other medical settings is of critical importance.

- A large group of persons who or at risk for substance use disorders can be identified and assisted to modify their substance use in primary and other medical care settings.
- Substance use conditions are associated with substantial increased risks for a variety of mental and physical conditions and often complicate the management of other conditions.
- Substance use conditions are costly to the health care system and receipt of substance abuse treatment has been shown to reduce costs.

The adoption of evidence-based practices for the treatment of persons with substance use conditions is an essential component of quality and efficient care.

- The US Preventive Services Taskforce has ranked screening and brief intervention for alcohol use as a high priority and cost effective intervention.
- Medications are available that may assist patients to reduce drinking, avoid relapse and support abstinence as well as treat opiate addiction; their use in primary care is feasible and cost effective.
- Treatment of persons with substance use conditions in primary and other medical care settings provides also increases patient choice for being treated in the most comfortable setting.

Integrating substance abuse treatment into primary care and other medical settings is feasible and a variety of integration models can be successfully implemented with diverse patient populations.

- Models may vary along a continuum of integration from increased coordination, physical co-location to full integration.
- Type of services provided may also vary according to the relative intensity of the need of patients for behavioral health and physical health services, as reflected in the four quadrant model.
- Integration can also be described by processes such as the Five A's (Assess, Advise, Agree, Assist and Arrange), needed to identify and assist persons with substance use conditions in primary care and other medical settings.
- The person centered health home in which a team provides continuous and comprehensive care across all elements of the complex health system reflects highly integrated care and is an appropriate model for patients with complex needs.

Successful integration of the treatment of substance use conditions within primary care and other medical settings may require new or refashioned types of workers, including:

- Health educators
- Primary care behavioral health specialists
- Expanded role care managers
- Consultation-liaison clinicians

The current substance abuse treatment workforce may not be sufficient in number or have all of the skills necessary to function in an integrated environment.

- Counselor licensure/certification requirements are less for substance abuse counselors in comparison to mental health counselors.
- Requirements for substance abuse counselor licensure/certification vary substantially across states and likely do not include preparation related to physical health conditions or working in settings other than substance abuse specialty treatment. National competencies and certification has not been adopted.
- The majority of members of the core disciplines (physicians, nurses, social workers, psychologists, physician's assistants and others) are also likely to have insufficient training in addiction.
- Physicians report barriers to the use of medication assisted treatment and screening and brief intervention, including not feeling comfortable in managing all components of either type of intervention.
- It is essential that the availability of peer support be maintained as treatment for substance use conditions is integrated into primary and other medical care settings.
- The ongoing differences in the demographics of the workforce and patient population suggest that training in cultural competence will be important.
- Curricula that treat substance use conditions similarly to other chronic disorders and provide more adequate basic preparation across all disciplines need to be implemented.

Continuing education and an organizational commitment to change is needed to overcome barriers to the adoption of evidence based practices for the treatment of substance use condition and to work in an integrated environment.

- Continuing education and training which includes post training evaluation, mentoring or supervision is more likely to be effective; training best practices should be adopted.
- Specific programs to support the broad adoption of both medication assisted treatment and screening, brief intervention and referral to treatment need to be identified and implemented.

- Effective training is accompanied by ongoing monitoring, supervision, mentoring, and other quality improvement activities, if innovations are to be adopted with fidelity.
- Training to work in teams will be essential for integration; such programs can be adapted from other fields, but will need some tailoring specific to healthcare and substance abuse treatment.

Integration must be supported by appropriate financing.

- There is no clear evidence that one type of financing is optimal for integrated care.
- A number of financing approaches may be workable, including capitated arrangements, ambulatory care groups, monthly payments for care management, as well as fee for service arrangements.
- Barriers to appropriate financing such as prohibition of billing for both a behavioral health and physical health visit on the same day need to be remedied and reimbursement for efficient delivery of services by a variety of clinicians embraced.
- Universal acceptance of integrated services for persons with substance use disorders by both public and private insurance will facilitate billing and reimbursement within a fee for service environment.

In the near term, a number of components will be key to successful integration of the treatment of substance use disorders in primary care and other medical settings:

- All health care disciplines need to have adequate basic training in the disease of addiction, the nature of substance abuse treatment and how to work in complex team settings.
- Counselors who are the backbone of the substance abuse treatment workforce need a certification/licensure process which is more standardized and reflects the appropriate competencies.
- The adoption of two specific evidence based practices appropriate for primary care and other medical settings, screening, brief intervention and referral to treatment and medication assisted treatment is critical to the future of integration.
- Support will be required to ensure adoption.
- A substantial investment will be required in training the existing and new workforce to work in complex teams; evidence based training will be necessary to ensure positive outcomes.

Please Note that references supporting this brief may be found in the complete paper.